

Attachment 9-2C

Sample Temporary ADA Paratransit Eligibility Letter

[On Transit Agency Letterhead]

Date

Name

[Mailing Address]

Dear [Applicant Name]:

We have completed our review of your recent request for [name of complementary paratransit service], [transit agency's] ADA paratransit service. Based on the information provided, we have determined that you are eligible for [name of complementary paratransit service] service on a TEMPORARY basis.

Your eligibility for [name of complementary paratransit service] is valid for [xx] months, through [EXPIRATION DATE]. Should you need [name of complementary paratransit service] service beyond this date, you will need to request a continuation of your eligibility.

We are granting you temporary eligibility because [indicate reasons for temporary eligibility, such as:] “this was the period of time you indicated your current condition would prevent you from using the fixed route transit service”; or “the information provided by you and [professional contacted] indicated that there could be a change in your ability to use the fixed route service after [xx] months as a result of treatment you are receiving”; or “your application materials indicated that you have the ability to use fixed route transit when provided instruction to use the service. Attached is information about our free travel training service. We recommend that you contact [contact person] to enroll in the service. We will determine your ongoing eligibility for [name of complementary paratransit service] after you have participated in the travel training program.”

We have noted in your rider file that you sometimes travel with a personal care attendant (PCA). A PCA is someone designated or employed specifically to help you meet your personal needs and is different from a guest or a companion. Your PCA may accompany you at no additional charge.

Enclosed is a Rider's Guide that explains the [name of complementary paratransit service] service and how to use it. The Rider's Guide includes helpful tips for using the service, so please be sure to read it. If you have any questions about the service, please call our Customer Service office at [phone number].

In addition to using [name of complementary paratransit service], this letter of eligibility also entitles you to use similar ADA paratransit services at other transit systems across the country as a visitor for up to 21 days per year. Simply provide the transit agency in the city you plan to visit with a copy of this letter to obtain approval to travel as a visitor.

If you have any questions about this determination of eligibility, please call the [transit agency's] ADA Paratransit Eligibility office at [phone number]. If you do not agree with this eligibility determination, you have the right to appeal this decision. We require that you request an appeal in writing. Copies of our appeal policy, as well as an appeal request form, are attached.

Sincerely,

[ADA Paratransit Eligibility Manager]

Attachments:

Rider's Guide

Appeal policy and Appeal request form